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FAX COVER SHEET

TO	Mail Stop Amendment
COMPANY	USPTO
FAX NUMBER	15712738300
FROM	Mark S. Peloquin
DATE	2009-05-16 00:47:20 GMT
RE	USPTO SN 10/721,704 Howard M. Lee

COVER MESSAGE

Please find 26 pages including this facsimile cover sheet.

Problems in transmission please call 206-251-1699.

Regards,

PELOQUIN, PLLC
800 Fifth Avenue
Suite 4100
Seattle, WA 98104-3100

(206) 447-1336 office
(206) 770-6562 facsimile

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PATENT APPLICATION

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted herewith via facsimile transmission to Telephone No. (571) 273-8300 on the date indicated below and is addressed to: Mail Stop AMENDMENT, Commissioner for Patents, Box 1450, Alexandria, Virginia 22313-1450.

Date of Transmission: May 15, 2009

Mark S. Peloquin, Esq.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 3624

In re: Howard M. Lee
Application No.: 10/721,704
Attorney Docket No.: 062403.P002
Filed: November 25, 2003
For: AUDIO/VIDEO SERVICE QUALITY ANALYSIS OF
CUSTOMER AGENT INTERACTION

FACSIMILE TRANSMITTAL

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith for filing are the following:

1. Transmittal Form PTO/SB/21 (1 pg)
2. Petition for Extension of Time PTO/SB/22 (1 pg)
3. Response to Noncompliant Amendment (3 pg)
4. Replacement Drawing Sheets (16 pgs)
5. Return Receipt Postcard (1/05/2009)
4. Fee Transmittal PTO/SB/17 (1 pg)
5. Credit Card Payment Form PTO-2038 (1 pg)

A total of 25 pages, including this facsimile transmittal are being submitted herewith:

Respectfully Submitted,
PELOQUIN, PLLC

Date: May 15, 2009

Mark S. Peloquin, Esq.
Mark S. Peloquin, Esq.
Registration No. 50,787

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PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/721,704	
	Filing Date	November 25, 2003	
	First Named Inventor	Howard M. Lee	
	Art Unit	3623	
	Examiner Name	MANSFIELD, THOMAS L	
Total Number of Pages in This Submission	25	Attorney Docket Number	062403.P002

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): 1. Replacement Sheets (16 pgs.) 2. Return post card (01/05/2009)
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	PELOQUIN PLLC		
Signature	<i>Mark S. Peloquin, Esq.</i>		
Printed name	Mark S. Peloquin, Esq.		
Date	05/15/2009	Reg. No.	50787

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Mark S. Peloquin, Esq.</i>		
Typed or printed name	Mark S. Peloquin, Esq.	Date	05/15/2009

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0851-0032

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Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2009

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 65.00

Complete if Known

Application Number	10/721,704
Filing Date	11/25/2003
First Named Inventor	Howard M. Lee
Examiner Name	MANSFIELD, THOMAS L
Art Unit	3623
Attorney Docket No.	062403.P002

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues) _____

Each independent claim over 3 (including Reissues) _____

Multiple dependent claims _____

Fee (\$)	Small Entity Fee (\$)
52	26
220	110
390	195
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims _____ **Extra Claims** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ **Extra Sheets** _____ **Number of each additional 50 or fraction thereof** _____ **Fee (\$)** _____ **Fee Paid (\$)** _____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): One month (37CFR 1.17(a)(1))

Fees Paid (\$)

\$65.00

SUBMITTED BY

Signature	<i>Mark S. Peloquin, Esq.</i>	Registration No. (Attorney/Agent)	50,787	Telephone (206) 447-1336
Name (Print/Type)	Mark S. Peloquin, Esq.	Date	May 15, 2009	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

The following papers were received in the United States Patent and Trademark Office:

Applicant: Howard M. Lee
Attorney: Mark S. Peloquin, Esq.
Title of Invention: **AUDIO/VIDEO SERVICE QUALITY ANALYSIS OF
CUSTOMER/AGENT INTERACTION**
Serial No.: 10/721,704
Filing Date: November 25, 2003
Docket No.: 062403.P002
Express Mail No.: EH 262965990 US

- ___ (1) Utility Patent Application Transmittal SB21 (1pg)
- ___ (1) Fee transmittal SB17 (1 pg)
- ___ (1) Petition For Extension of Time SB22 (1 pg)
- ___ (1) Response to Office Action (34 pgs)
- ___ (1) PTO 2038 (1 pg)
- ___ (1) 1 copy of Replacement Drawings (16 pages)
- ___ (1) Return Postcard (1 pg)
- ___ (1) Express Mail Certificate of Mailing (1 pg)

